



Name: _____

SSN: _____

Date: _____

NURSING FACILITY CLINICAL ELIGIBILITY

This notice is sent in response to your request for approval of MassHealth payment of nursing-facility services. In order to qualify for MassHealth payment of nursing-facility services, you must be both clinically and financially eligible for services. *This notice is about your clinical eligibility.* You will receive a separate notice about your financial eligibility.

1. MassHealth Screenings

Screenings to determine clinical eligibility for nursing-facility services are conducted by _____, Aging Services Access Point (ASAP) on behalf of MassHealth. The ASAP nurse reviewed your case in accordance with MassHealth regulations at 130 CMR 456.408, and has determined:

- ☐ you **are** clinically eligible for MassHealth payment of nursing-facility services on a **short-term basis**, for a stay through _____. Your continued eligibility is subject to review.
- ☐ you **are** clinically eligible for MassHealth payment of nursing-facility services on a **long-term basis**. During your stay, periodic medical reviews may be conducted to determine if you continue to meet the medical criteria for MassHealth payment.
- ☐ you **are not** eligible for MassHealth payment of nursing-facility services, because:
 - ☐ the level of medically necessary services that you require is less than that required for MassHealth payment of nursing facility services, as set forth in 130 CMR 450.204 and 456.408, or
 - ☐ your medical needs can be met in the community and services are available.

2. APPEAL RIGHTS

You have a right to appeal this decision. (Please see attached information about your right to appeal through the Fair Hearing process.)

OFFICIAL USE ONLY

Code: _____ RN

ASAP on behalf of MassHealth

Date: _____